

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024673

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3375

FILED JUL 5 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City 16,	
Length of stay in 1b 11 YRS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) St Joseph Hospital		d. STREET ADDRESS (If outside, give location) 2510 E. 37th TERR. No.	
3. NAME OF DECEASED (Type or print) First Middle Last KATHERN E. WESTHOFF		4. DATE OF DEATH Month Day Year 6 14 1963	
5. SEX FEMALE	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-7-1890
9. AGE (last birthday) 73	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRACTICAL NURSE		10b. KIND OF BUSINESS OR INDUSTRY Nurse
11. BIRTHPLACE (City and state or country) South Dakota		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME FRED MAAG		13b. MOTHER'S MAIDEN NAME UNKNOWN HOUERSTADT	
14. NAME OF HUSBAND OR WIFE Louis P.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT MRS Eulalia Bachtel - 2510 E 37th Ter	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis DUE TO (b) Generalized Arteriosclerotic Cardiovascular Disease DUE TO (c) Diabetes Mellitus Untreated		INTERVAL BETWEEN ONSET AND DEATH 8 days decade 6 yrs 1 yr	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) At Upper Lobe Pneumonia 7 days Myocardiosis 6 days Uremia 4 days		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY. Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 1102 Grand KCB Mo	
20g. COUNTY Brunswick Missouri		20h. STATE	
21. I attended the deceased from 7 June 63 , to 14 June 63 and last saw her alive on 13 June 63 Death occurred at 4:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Ruth N. Long	
22b. ADDRESS 1102 Grand KCB Mo		22c. DATE SIGNED 14 June 63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-17-1963	23c. NAME OF CEMETERY OR CREMATORY St Boniface Cemetery	
23d. LOCATION (City, town, or county) Brunswick Missouri		23e. STATE	
24. FUNERAL DIRECTOR McCurry Funeral Home, Brunswick, Mo.		25. DATE RECD. BY LOCAL REG. 6-14-63	
26. REGISTRAR'S SIGNATURE Ruth N. Long			

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Forest D. Coldenow

Licensed Embalmer No. 4714

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.